MARGIN RESERVED FOR BINDING

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore %



#### CERTIFICATE OF DEATH

03191 Reg. Dist. No. 2900

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For pewborn infants give residence of mother)  State County County County of the County	
3. (a) FULL NAME	3. (b) Social Security Number	er
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced  6.(b) Name of husband or wife A Charles Golden Single Color of the	MEDICAL CERTIFICATION  20. OATE OF DEATH  21. I CERTIFY that death occurred on the date above stated: that I attended deceased from the date above stated: the state of the st	m 19.47
7. Birth date of deceased (mo., day, yr.) CECS-Fue / 7', 186 / 8. AGE: Years Months Days If less than one day	ammediate course of details	OURATION
9. Birthplace (Town, county, and state)  10. Usual occupation.	Due to Hy perturem	Cais
12. Name  12. Name  13. Birthplace  14. Malden name  15. Birthplace  15. Birthplace	Other conditions (Include pregnancy within 3 months of death)  Major findings of operations.  Date of op.	
16. Informant  Address  Addres	Antopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistic  22. VIOLENCE: if death was due to external causes, fill in the following:  Accident, suicide, or homicide.  Date of	cally.
Cemetery or crematory  Location  18. Funeral directors  Address Vicas Co.  Address Vicas	Where did Injury occur?	e)
19. 4 Date fee'd by registrar)  19. 47 M. H. Neurus  Registrar	23. SIGNATURE M. M. D. or other  Address Easten Mid Date signed 4-4	



MARGIN RESERVED FOR BINDING

The correct age

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03192

### CERTIFICATE OF DEATH

leg. Dist. No. 290

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Jalban Jacobly	(For newborn infants give residence of mother)
City or town	State County Jalla
	City or town Easter
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
rumpiel Hogetal	(If rural, give LOCATION)
How long in hospital or institution?	2.(u) if veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 1
m ( ) married	4 4
- montes	2D. DATE DF DEATH. 20 10 M
6.(6) Name of husband or wife Mas Isla O, Barnard	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	= /1 = 19 4 7 to = 19 4 7
7. Birth date of	and that I last saw hallve on
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years   Months   Days   If less than one day	Immediate Cause at Grading
(22 in. 1) 3	Thyongrain deforting 2 days
12001+ 0:0 mil	Due to.
9. Birthplace (Town, county, and state)	But 10.
10. Usual occupation Time Control White Control of the Control of	
	Due to
11. Industry or business	
12. Name Milliam Backard  13. Birthpiace Md 1001	Dther conditions
13. Birthplace Md. Jallaton.	
14 Maiden name Margaret E. Warreck)	(Include pregnancy within 3 months of death)
	Major findings of operations
E 15. Birthplace lables Co. Ma.	Date of op
16. Informant Mara. January on M Roughard	Autopsy results
Address Zanta Sold 1	PHYSICIAN: Please underline the caose to which death shauld be charged statistically.
Address Saston The	22. VIOLENCE: It death was due to external causes, till in the following;
(Burial, cremation, or removal) Which?)  Bate thereot (month) (day) (year)	Accident, suicide, or homicide
(Eurisi, cremation, or removal which)	
Cemetery or crematory	Where did injury occur?
Location Control Control	Injured at home, tarm, Industry, public place (where?)
Marinie E Various AM 4500	Meens of tnjury tnjured at work?
18. Funeral director	m 9 -
Address Edston W.	as CIGNATURE / 2 Cof In (1)
3/15 47 7 7 1	23. SIGNATURE M. D. or other
(Date rec'd by registrar)  Registrar	Address Santa Ind Bate signed 3/15/47



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The correct age

1. PLACE OF DEATH:

How long in above place of death?...

How long in borpital or institution?. 3. (a) FULL NAME

6.(b) Name of husband or wife.

Years

(Burial, cremation, or removal.

(Date rec'd by registrar)

Cemetery or cremators

7. Birth date of deceased (mo., day, yr.)

9. Birthplace.....

1D. Usual occupation. 11. Industry or business

13. Birthplace

14. Malden na 14. Malden name

16. Informant Address

Location fB. Funeral director

Address

8. AGE:

Hospital, Institution, or street address where death occurred

5. Color or race

Months

(If outside city or town limits, write RURAL and give nearest to

Days

(Town, county, and state)

10

6.(a) Single, married, widowed, or divorcer

If less than one day

3 28 4 (month) (pay)

.....hrs.

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

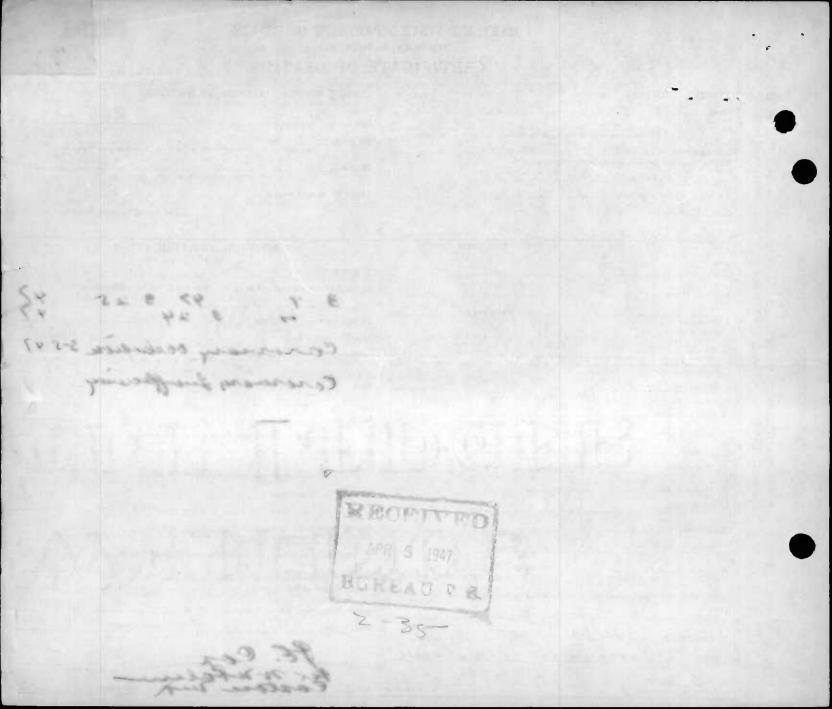
Reg. Diat. No.

#### CERTIFICATE OF DEATH

Street No(If:	ural, give LOCATION)	1/
2.(a) If veteran, name war		<u> </u>
	3. (b) Social Sec	urity Number
225		
MEDIO	CAL CERTIFICATION	V 59
20. DATE DE DEATH 3/6	25 19	47.8-
21. I CERTIFY that death occurred on t		
3 7		
and that I last saw halive on	3 24	19_ 4
Immediate cause of death		DURATION
Immediate cause of death	any occlus	5-5 4
Due to Corere	ry Jungero	ney
***************************************		
Due to		***************************************
	***************************************	***************************************
Other conditions		
(Include pregnancy	within 3 months of death)	
Major findings of operations		
	Date of op.	
Autopsy results		
PHYSICIAN: Please underline the		
22. VIOLENCE: If death was due to		
Accident, suicide, or homicide		
Where did Injury occur?(City	or town) (County)	(State)
Injured at home, farm, Industry, public		***************************************
Means of Injury	Injured at work	
0-		
23. SIGNATURE DE	ox	40 5-11-1
201 01011111111111111111111111111111111	. 6 . 0	M. D. or other

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infanta give residence of mother)

County ...



dorrect age

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (180)

CERTIFICATE OF DEATH

021(1111011	Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
(If outside city or town fimits, write RURAL and give nearest town)	City or town (If ontside city or town limits, write RURAL and give nearest town)
Mospital, institution, or street address where death occurred:	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Geraldine Dewitt	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Pemale Col	20. DATE OF BEATH 1 LPC 19 19 19 19 19 19 19 19 19 19 19 19 19
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Quef. 11. 1946	and that I last saw half all re on 19.
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
9. Birthplace The Transport of Town, county, and state)	Due to a Cold Illa huma
10. Usual occopation.	Due to
12 Name Problem	
Z 13. Birthplace Missipasi Mis	Other conditions
# Oall Oa i	(Include pregnancy within 3 months of death)
14. Maiden name forthand forthands	Major findings of operations
16. Informant Joseph Selist Meddlett	Antopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address all homan mid	
(Burial, cremation, or removal, Which?)  Date thereof (month) (ydy) (year)	22. VIOLENCE: If death was due to external causes, fill in the tollowing:  Accident, suicide, or homicide
Location Addition to the state of the state	Where did injury occur? (Coty or town) (Codnty) (State)
18. Funeral director And American Donard Don	Means of injury Brevis injured at work?
Address J. Topichell But	- 23. SIGNATURE MILENNY TRIBLE TOURS
13/11-12 3/ 14/ 41 Janosen	M. D. or other

Jed to be June RECEIVED APR 2. 1947 The second happy the are filler

## MARYLAND STATE DEPARTMENT OF HEALTH

2411	N. Cha	rlea St.,	Baltir	nore (935	3
<b>CERTII</b>	FICA	TE C	)F	DEAT	Ή

03195

2900

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County albo7	(For nawdprn infants give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	state County Caro Inc
How long in above place of death?	(If outside tity or town limits, write RURAL and give nearest town)
Hospital institution, or street address where death occurred:	Street No.
How long in hospital or institution?	(If rural, give LOCATION)  2.(a)   1 veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Henry A Farley	3. (0) Social Security Number
4. Sex 5 Solor or race 6.(a)Single, married, widowed, predivorced	MEDICAL CERTIFICATION
$m \cup w \mid m \cup m$	20. DATE DF DEATH / 97CH 12 19 47 21 1 78 M
B.(b) Name of husband or wife Elizabeth Furley	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	19
7. Birth date of deceased (mo., day, yr.)	end that I last saw h alive on 3 12 15 15
8. AGE: Years   Months   Days   Il less than one day	Immediate cause of death
59hrsmin.	my ocardial dufer twin 3 days
9. Birthplace	Due 10. anterio allantia Reart dialena 2 years
10. Usual occupation Larmer	
	Due to
11. Industry or business	
12. Name trank turling 13. Birthplace New Shampshire	Other conditions
14. Maiden name Elword Collins	(Include pregnancy within 8 months of death)
14. Maiden name.	Major findings of operations
16. Informani, MAA. Mag Panland	Autopsy results
Address Industry RV.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Pari 1 211-149	22. VIOLENCE: If death was due to external causes, 1ill in the following;
(Burial, cremation, or removal, Which?)  Date thereol	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Transaction Societal N. H.	injured at home, farm, industry, public place (where?)
18. Funeral director . Vicasil Coors T do	Mesns of injury Injured at work?
1 1 1 2 2 . 1	mp = -
Address / Lewlon lust	23. SIGNATURE 2 COF IN D
19. 3/13 1947 North Merry	M. D. or other

MAR 25 1947
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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

County	Cliy or town
4. Sex   5. Color or race   S.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White infant	20. DATE OF DEATH
6.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19. 4. 7., to 7. 19. 4. 7.  and that I last saw h alive on 7. 7. 19. 4. 7.
8. AGE: Years   Months   Days   It less than one day	Immediate caose of death
5 mashrsmin.	I neuronia lobar at upper 74 aro
9. Birthplace (Town, county, and state)  10. Usual occupation	Due to
12. Name S. Jostes 13. Birthplace Selbab County.	Dther conditions
HE 14. Marten Rame an familie	(Include preguancy within 3 months of death)  Major findings of operations
	Date of op.
16. Informant There of Total	Autopsy results
Address  17. Burial, cremation, or removal. Which?)  Cemetery or crematory  Location	22. VIOLENCE: If death was due to external causes, fill in the tollowing;  Accident, suicide, or homicide
	Means of Injury Injured at work?
18. Funeral director  Address  19. 3 0 19. 4.7 Registrar  Registrar	23. SIGNATURE M. D. or other  Address San Date signed 3 1/2 - 47



#### CEDTIFICATE OF DEATH

CERTIFICAT	E OF DEATH Reg. Dist. No. 2.7.0
1. PLACE OF SEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (Figure newborn infants give resignee of mother)  State.  County  City or town.  (If outside city or town limits, write RURAL and give nearest town)  Street No  (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
	3. (b) Social Security Number
4. Sex 2 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH WATER 1947, at 6 P.
8.(b) Name of husband or wife	21. I CERTIES that death occupied on the date above stated; that detended deceased from 47
7. Birth date of deceased (mo. day. yr.)  8. AGE: Years Months Days It less than one day	Immedial cause of death  Lotaral Country Audice
9. Birthplace Condora Tallot mary Cond	Duo to Styre Trusing On 12 mil Arian
10. Usual occupation) I remife	Due to. YEAD
11. Industry or business  12. Name Warner Guy  13. Birthplace Delaware	Other conditions.
14. Maiden name Maggie Devernick  15. Birthplace Tallfort Co. Ind.	(Include pregnancy within 3 months of death)  Major findings of operations.
16. Informant les Parris	Antopsy results
Address Cordova, M  17. Surial Date thereof Man. 12, 1947  (Obstacle of the green and Which?)  18. Month (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
(Burial, cremation, or removal. Which?)  Cemetery or crematory	Where did injury occur?
18. Funeral director D. Virgil Moore For-	Means of injury Injured at work?
Address Je totu, Del. Maggird	23. SIGNATURE. XXXI ZUZIZI M. D. or other
19	Address JATTA WWW F M G. Date signed

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PLEASE

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MAR 17 1947

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	rectage	)
	The cor	legibly
)	PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The co	nt. Physicians: please write the causes of death clearly and legibl
	information	of death c
	y item of	the causes
	upply even	use write t
	GINK. S	ians: plea
	NFADIN	nt. Physic
	WITH U	y important
)	LAINLY,	especially
	WRITE P	IS
	PLEASE	

#### MARYLAND STATE DEPARTMENT OF HEALTH

## 2411 N. Charles St., Baltimore 942

# CERTIFICATE OF DEATH

1		

	-10
Reg. Dist.	No. 7

03198

City or town. ST, Michaels.  City or town. (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? 50, yrs.  Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
3. (a) FULL NAME	3. (b) Social Security Number
Arthur G. Hubbard  4. Sex   5. Color or race   6.(a) Single, married, wildowed, or divorced	None
4. Sex   5. Color or race   6.(a) Single, married, wildowed, or divorced   Single	MEDICAL CERTIFICATION P
	20. DATE OF DEATH March 29, 1947 18 al 11:45
B.(b) Name of husband or wifa	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from Feb. 15, 1947  18 to Mar. 29, 1947  and that I last eaw h. imalive on Mar. 26, 1947  18
deceased (mo., day, yr.) July 19, 1876  8. AGE: Years   Mooths   Days   If less than one day	Immediate cause of death
70 8 10nrsmin.	Coronary Disease
9. Birthplace St. Michaels, Talbot Co. Md.  (Town, county, and state)  Waterman  11. Industry or business	Due to. Chr.Rheumatism 6 mos.
John T. Hubbard  13. Birthplace Annapolis, Maryland	Dither conditions
Georgiania Coffin	
Georgiania Coffin  14. Malden name. Baltimore, Maryland	Major findings of operations
Marion 5. Hubbard  Address St. Michaels. Md.	Antopsy results
Burial  (Burial, cremation, or removal. Which?)  Oate thereof. April 1.194  (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Olivet Cemetery  Location St. Michaels, Md.	Where did injury occur?
18. Funeral director Melwam + Normson Address St. Michaelo. Ind.	Means of Injury  Injured at work?  23. SIGNATURE  23. SIGNATURE
19. Min. 31 1947 E.W. seth Registrar	M. D. or other Address St. Michaels, Md. Date signed 3.31.47

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-2

### CERTIFICATE OF DEATH

Reg. Diat. No...

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn is fants give residence of mother)
County /allo	
City or town	State Maryland County Carolina City or John Streemslows Md
How long in above place of deaths 3 kg 15 min	City or town (If outside city or towe limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No
manoual Hospatal	(If rurai, give LOCATION)
How long in hospital of institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Temale white married	20. DATE OF DEATH March 5, 19 4/19 21 100 M
6.(b) Name of husband or wife her Dyarry B.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Jarmon 8.(c) If allve, give age years	and that I last saw h
7. Birth date of deceased (mo., day, yr.)	
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death
50hrsmin.	Cormary The motorie 2 week
Oliver of the Are	
9. Birthplace 2 (Town, country, and state)	Due to.
10. Usual occupation. H. W.	and the state of t
	Due to
11. Industry or business	
E 12. Name Daniel Vicenza	Other conditions
₹ 13. 6irthplace	(Include pregnancy within 3 months of death)
14. Maiden name	
5	Major findings of operations
≥ 15. Birthplace	Date of op.
16. Informant	Antopsy resolts
Address Zaxton may	
17 Derial Date thereof 3/8/47	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial/cremation, or remotal/which?)  Date thereof (month) (day) (year)	Accident, sutcide, or homicide
Cemetery or crematory A Reenaltors	Where did injury occur?
Location Dreensloss, Md.	Injured at home, farm, industry, public place (where?)
Da Panding	Meens of injury Injured at work?
18. Funeral director	P3 = =
Address Silensword, Mac.	23. SIGNATURE S Cot In D
3/1- 47 Mil neggin	M. D. or other
19	Address Saston Md Date signed 3 6 87

MAR 17 1947
BUREAT V 8

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



03200

#### CERTIFICATE OF DEATH

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	Reg. Dist. No	***************************************
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  Slate	0-
3. (a) FULL NAME Pakel Count Johns	3. (b) Social Securit	y Number
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced female a.a. Mudgette	MEDICAL CERTIFICATION  20. DATE OF DEATH 3-26-  19-47	7 10 9
8.(b) Name of husband or wife Production of the State of State of deceased (mo., day, yr.) Man,	21. I CERTIFY that death occurred on the date above stated; that I attended de 3 - 24 - 19.47, to 3 - 2.6 and that I last saw h.a.l. alive on 3 - 2.6 -	
8. AGE: Years Months Days If less than one day  2. L	Immediain cause of death.  Cerebral Reserviblege.	J Lags
10. Usual occupation of the little with the state of the	Due to. atticorelismes	yeare
12. Name Allies from Allies 13. Birthplace / s offe md	Other conditions	years
15. Birthplace Condend Loo	Major findings of operations. Zw	
Address Prafife made 17. Burial (Burial, cremation, or removal, Which?)  Cemetery or grematory. States	PHYSICIAN: Please underline the cause to which death should be charged  22. VIOLENCE: It death was due to external causes, till in the following:  Accident, suicide, or homicide	Wood statistically.
Location / 2 styles with the style of the st	Where did injury occur?	(State)
19. Maril 16.  19. Maril 17.  19. Maril 19. My Jordian Registrar  Registrar	23. SIGNATURE D'M'C Stevens M. Address 3-28-47 Eagures	or other

MAR 31 1947 BUREAU V B.

PLEASE WRITE

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MARGIN RESERVED FOR BINDING

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 37.0

## CERTIFICATE OF DEATH

03201 Reg. Dist. No. 297

1. PLACE OF DEATH:  County Cou	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State  County  City or town
4. Sex 5. Color or race 6. A) Single, married, widowed, or divorced M. Rannied.  8. (b) Name of husband or wife A. Niky.	MEDICAL CERTIFICATION  2D. DATE DF DEATH
7. Birlh date of deceased (mo., day, yr.) May 28/156 P	and that I last saw harm alive on malel 30 19.47  Immediate/cause of death
8. AGE: Years Months Days It less than one day  9. Birthplace	Due to.
10. Usual occupation	Due to
12. Name. Com a. Ruly  13. Birthplace  14. Malden name. Marguet Cleanly	Other conditions / Auto-
16. Interment Mrs Denis C. Kerby  Address Staffe Mel.	Autopsy results
17 (Burial, cremation, or removal Which?)  Cemetery or crematory.	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
Location  18. Funeral director  Address  Address	Injured at home, farm, industry, public place (where?)  Meens of injury  Injured at work?
19. March 6 19.47 preplaces (Date rec'd by registrar)	Address Date signed 14/44

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

03202 Reg. Dist. No. 296

#### CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants give residence of mother)
City or town (If outside city or town limits, write pural and give nearest town)	State
	City or town
How long in above place of death?	(11 outside city or town limits, write RUKALIANG give hearest town)
Ruspital, Institution, or strap actions allowed the control	Street No. (If rural, give LOCATION)
How long in hospita or institution?	2.(a) If veteran, washe war
3. (a) FULL NAME CLICK	3. (b) Social Security Number
Lucy Vomas	
4. See 5. Color or race S.(a) Single, married, widowed, or divorced	MEDIÇAL CERTIFICATION
Jemsle White Single.	20 DATE OF DEATH 6 house 19,42 of PM
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
	19 40, 10 6 Mar 18 47
7. Birth date of	and thet t last saw h
deceased (mo., day, yr.)  8 A.C.F. Years   Months   Days   If less than one day	fumediate cause of death Casacacy DURATION
8. AGE: Years Months Days If less than one day	Herman ?
8 7hrsmin.	
9. Birtholace of albot County med.	Due to Caranary acturas cleranis ?
(Town, county, an state)	
10. Usual occupation	Busto
11. Industry or business	048 (0
al column D. J.	All III.
12. Name Call & C Claric C Day	Other conditions
2 13. Birthplace alfort. Co. Sof mulheal no	(Include pregnancy within 3 months of death)
E 14. Maiden name Gamme / Viscosey	Major findings of operations.
15. Birthplace Dellat C. St. milled me	Date of op.
16. Informant less Harfin	Autopsy results
Address Caelen mi	22. VIOLENCE: tf death was due to external causes, fill in the following;
17 Burel Date thereof 3/2/47	
(Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
will City In Ind.	Injured at home, farm, Industry, public place (where?)
Location Library Control Libra	Meane of injury injured at work?
18. Funeral director declaration of the second director declaration declaration declar	
Address tusting tandi.	When to Haming to D.
ale us not Nouse	23. SIGNATURE M. D. or other
(Date ref d by registrar)  Registrar	Man 20 4 & Rover St. Cantain Date cland & them 47
(Date 1ck of placeful) Welliam	Audiost



Endere for addition	19				
Condence for addition day of death shows on Jelin y 109-3/21/47	MARYLAND	STATE	DEPARTMENT	OF	HEALTH
21 1 10 100 3/21/117		2411 N. CI	harles St., Baltimor	0 19	0
11 Fin 1107 - 0102 " 41					

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CLIL		10	AIL	OI.	DLA	

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CERTIFICAT	TE OF DEATH  Reg. Diat. No.
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Charles L. MACE 4. Sex   5. Color or race   6. (a) Single, married, widowed, or divorced	
MALE Color or race 6.(a) Single, married, widowed, or divorced Married????	MEDICAL CERTIFICATION  20. DATE OF DEATH.  March 5, 19.47, at
6.(b) Name of husband or wife Rosie E. Macer  6.(c) If allve, give age 44  7. Birth date of deceased (mo., day, yr.) 2-7-1905	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8. AGE: Years Months Days If less than one day 25hrsmin.	Ruposure to free ying hours
9. Birthplace Federalsburg, Caroline County, Md. (Town, county, and state)  10. Usual occupation. Laborer.  11. Industry or business Packing house.  12. Name. Cannon.	Due to  Due to  Differ conditions.
14. Malden name Annie Turner 15. Birthplace Federalsburg, Md.	(Include pregnancy within 3 months of death)  Major fiudiugs of operatious.
16. Informant Rosie E. Macer  Address Eastport, Md.  17. Burial Date thereof 3-6-1947.  (Burist, cremation, or removal. Which?)  Cemetery or crematory Te descalabing Colored Commun.  Location Tealer alshing Marshall,  18. Funeral director J. Norman Marshall,  Address St. Michaels, Md.  19. 3-4-1946 and Januar Lead  (Date ree'd by registrar)  Registrar	Autopsy results PHYSICIAN: Please underline the caose to which death should he charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide  Where did injury occur?  (City or town)  (Connty)  (State)  Injured at home, farm, industry, public place (where?)  Mesns of injury  Autopsy  Injured at work?  23. SIGNATURE  Autopsy  Autopsy  (Conty)  (State)  Injured at work?  Autopsy  Injured at work?  Autopsy  Autopsy

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1. PLACE OF DEATH

How Jong in above place of death?..

How long in hospital or institution?. 3. (a) FULL NAME

6.(6) Name of husband or wile.

Years

Hospital, Institution, or street address where death occurred:

Months

County

4. Sex

7. Birth date of deceased (mo., day, yr.)

9. Birthplace...

1D. Usual occupation 11. Industry or business

13. Birthplace

(Burial, eremation, or re

(Date, rec'd by registrar)

18. Funeral director.

Address

14. Maiden na 15. Birthplace 14. Maiden name

16. Informant Address

8. AGE:

# A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

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OFFICE	OATT	OF	TATE A	PER 1
CERTIFI	CALL	OF	DEA	W 6 5

	a or parrir	Reg. Dist. No	
t town)	2. USUAL RESIDENCE (HOMI (For newborn infants give resident state	ce of mother)	
		give LOCATION)	
***************************************	2.(a) II veleran, sams war		
		3. (b) Social Securit	y Number
1	· · · · · · · · · · · · · · · · · · ·		
ced	MEDICAL	CERTIFICATION	
0			7
	20. DATE OF DEATH. Mar.	19. hfm.	1
	21. I CERTIFY that death occurred on the de	is above sisted; that I attended de	ceased from
*******	***************************************	19 10	19
years	and that I leet saw halive on		
	Immediaio cause of death		
min.	Country see	lusion	
2 md	Due to Serile arte	rissderois	
***************************************	Dus 10		
	••••••••••••••••••••••••		
Ins.	Bther conditions		
the	(Include pregnancy with		
0	Major findings of operations		
el.		Date of op	
- n 0	Autopsy results	to which death should be charge	d statistically.
Ille.	22. VIOLENCE: If death was due to extern		

Accident, suicide, or homicide..... Where did Injury occur? .....

6.(c) Il alive, give age.

Days

If less than one

Injured at home, farm, Industry, public place (where?)

(City or town) (County) (State)

Meane of Injury

Injured at work?

23. SIGNATURE...

Address.

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important.

WRITE

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH



#### 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: County TALBOT (if outside city of town limits, write RURAL and give nearest town) Hospilal, institution, or street address where death occurred: PRIAL HOSPITAL (If rural, give LOCATION) How low in hospital or institution?... 3. fa) FULL NAME 3. (b) Social Security Number . ALEXANDER SCOTT 165-03.319 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION m MARRIED 20. DATE OF DEATH 3-21-47 21. I CERTIFY that death occurred on the date above stated: that t attended deceased from 7. Birth date of and that I last saw h. I.M. alive on 6:30 3-21 19.47 deceased (mo., day, yr.) 8. AGE: tf less than one day 66 RETIRED Salas man 10. Usual occupation..... 11. industry or business 12. Name 13. Birthplace SCOTLAND (Include pregnancy within 8 months of death) 14. Maiden nat WALLED OFF ABSCESS Major findings of operations .... SCOTLAND 1B. Informant..... MARY PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Date thereot 3, 2,5-/47 (month) (day) (year) Accident, suicide, or homicide..... (Burial, cremation, or rem Where did Injury occur? .....(City or town) Cemetery or crematory... (County) Injured at home, tarm, industry, public place (where?) ..... Means of injury injured at work?

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (31-0)

### CERTIFICATE OF DEATH

Reg. Dist. No.

7. PLACE OF DEATH: Talbot		2. USUAL RESIDENCE (HOME) (For newborn infants give residence of	OF DECEASED:
WUIIIT		State Maryland County Talbot	
City or town St. Michaels (If outside city or town limits, write RU	RAL and give nearest town)	St. Witchnels	
How long in above place of death? 70 yrs.	•**•	(If outside city or town lim	nits, write RURAL and give nearcst town)
Hospital, institution, or street address where death occurred:		Street No.	
		. (If rural, gi	ve LOCATION)
How long in hospital or institution?		2.(a) if veleran, name war	
3. (a) FULL NAME			3. (b) Social Security Number
George E. Shockley  4. Sex   5. Color or race   6.(4) Single,		v 7-	none
4. Sex 5. Color or race 6.(a) Single,	married, widowed, or divorced	MEDICAL O	CERTIFICATION
male white wid	dower	20. DATE OF DEATH Lun 2	4 1947 2 200
5 (b) Name of husband or wife Laura Bo	evnard	CENTIFY that death occurred on the date a	above stated: that Talk nded deceased from
V.(V) Name of Massaco		1eb 24	947 10 Mar 24 194)
7. Birth date of		and that f last saw h alive on 20	
deceased (mo., day, yr.)  June 8,		Immedia Liuse of death	DURATION
8. AGE: Years Months Days	If less than one day	Crema	
84 9 16	hrs,min.	79 -1	
9. Birthpiace Somerset, Co., M. (Town, county, and sta	ld.	Due to Chriscoscle	whe Nephrica
		tes	
10. Usuai occupation. Waterman	•••••••••••••••••••••••••••••••••••••••	Due to	
11. industry or business		- A	
12. Name David A. Shockley		Other conditions Leverules	ed arterio
12. Name David A. Shockley 13. Birthplace Somerset Co., Md.		selerous Sypes	leuseon
# 14. Maiden name Mary A. Jones			3 months of death)
		Major findings of operations.	
15. Birthplace Somerset Co., Md.		1/200	
16. informant John R. Shockley		PHYSICIAN: Please ooderline the cause to	which death should be charged statistically
Address St. Michaels; M	ď.		
17Burial Date thereof (Burial, cremation, or removal, Which?)	March 27,1947	22. VIOLENCE: If death was due to external c	
(Burial, cremation, or removal. Which?) (month) (day) (year)			
Cemetery or crematory Olivet Cemetery		Where did injury occur?(City or town	
St. Michaels, Md.		injured at home, farm, industry, poblic place	
18. Funeral director		Means of injury	Digred at wer?
Address St. Michaels, Md.		1/2.1.00	2 Journal Wills
		23. SIGNATURE	M. D. or other
(Date rec'd by registrar)	Registrar	Address Of Muchall	o Med Date signed 3264



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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

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#### CERTIFICATE OF DEATH

201

	Roy. Dist. No	
1. PLACE OF DEATH: 1 County OF COVE City as form OF COVE	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State  County  County	
(If outside city or town limits, write RURAL and give nearest town)	City or town (If outside city or town limits, write RURAL and give nearest town)	
Rospital Institution, or street address where death occurred:	Sireet No	
How long in hospital or institution?	2.(a) If veleran, name war	
3. (a) FULL NAME LESSE Mallikin Skin		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced by the barried -5.	MEDICAL CERTIFICATION  2D. DATE OF DEATH.  MAY 17, 21, 21, 21, 21, 21, 21, 21, 21, 21, 21	
6.(b) Name of husband or wife The Benon Skinner	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
6.(c) If alive, give age 60 years		
7. Birth date of Man / 12/1462	and fhaf I last saw halive on	
8. AGE: Years   Months   Days   tf less than one day	Immediate cause of death Coronary Occusion DURATION	
6400 min.	ommel.	
8. Birthplace	Due fo	
1D. Usuat occupation. Carpette	Due fo.	
11. Industry or business		
12. Name Richard S. S. Kynnor  13. Birthplace M.	Bther conditions	
14. Maiden name handra Mundall  15. Birthplace  Md.	(Include pregnancy within 3 months of death)  Major findings of operations.	
15. Birtholace M.	Major nadiags of operations	
ma miller seulo	Autopsy results.	
Charles Wil	PHYSICIAN: Please nuderline the cause to which death should be charged statistically.	
17 Qurial Date thereof Harch 15, 1947	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide	
(Buriat cremation, or removal methy)  Cemelery or cremator.  (Buriat cremation, or removal methy)  Cemelery or cremator.	Where did injury occur?	
Location Deutreville, Hd.	Injured at home, farm, industry, public place (where?)	
Page: That	Missis of Injury Injured at work?	
Address aslow, 44d.	Louis A. Walter M.D. Delo Med los.	
18. 3/4 18 49 M. H. Meirium. (Date ryc'd by registrar)	23. SIGNATURE M. D. or other  Address. /241 m. M. D. or other  Date signed 3 - 13 - 47.	

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The content is especially important. Physicians: please write the causes of death clearly and legibly.

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 920

## CERTIFICATE OF DEATH

03208

Reg. Dist. No. 295

1. PLACE OF DEATH: Palbak	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town.	State Haryland County Jalboh
'(If outside city or town limits, write RURAL and give nearest town)	City or town.
How long in above place of death?	(If ontside city or lown limits, write RURAL and give nearest town)
De Ceursa St.	Street No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Jusie Hay July	3. (b) Social Security Number
4. Sex 5. Color of rape 6.(a) Single, married willowed, or divorced	/MEDICAL CERTIFICATION
Ten. Ith Widowed	20. DATE DE DEATH March 27 1947 at 7.53 9.1
6.(b) Name of husband or wife Johns III Sullivar	21. I CERTIFY that death occurred on the val. above stated; that I attended deceased from
7. Birth date of	and that I last saw h IN alive on NUMBER Ch 2 6 th 19 1/2
deceased (mo., day, yr.)	Immediate cause of death lo direction and reder DURATION
8. AGE: Years Months Days It less than one day	heard - mitral stemsies) 1 1/4 4/15
37 5hrsmln.	
9. Birthplace	Due to Chemical Cally Sy.
1D. Usual occupation.	Que to
11. Industry or business of Markey	
12. Name Maila N. Oaula  13. Birtholace Hary Land	Diher conditions
El Carried Whollishers	(Include pregnancy within 3 months of death)
14. Malden name	Major findings of operations.
X Had. ( Ban Ph ( B.)	Date of op
16. Informant	Autopsy results PHYSICIAN: Please uederline the cause to which death should be charged statistically.
Address Daston, Harch 29, 1947	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?)  Date thereof	Accident, suicide, or homicide
Cemetery or cremators forms of the Company	Where did injury occur?
Location agelog MAS.	Injured at home, farm, Industry, public place (where?)
18. Funeral director A. Celia Holark	Means of Injury Injured at work?
Address Caston MA.	W.Ol. & Sugarana
2/00 113 116/10	23. SIGNATURE M. D. or other
19	Paddross Gaster Ma Date signed 3/27/2,7



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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (4)

## CERTIFICATE OF DEATH

U32(1) er. Diat. No. 290

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Mary Canton Maryland	State Maryland County Tallat		
(If outside cit or town limits, write RURAL and give nearest town)	City or town It ittman Md.		
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)		
Messocial Hospital	(If rural, give LOCATION)		
How long in hospitator institution?	2.(a) If veteran, name war		
3. (a) FULLINAME Thomas Carrie	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Jemale white married	25		
9 0 1 11	20. DATE OF DEATH MARCH 4 19 4 7 at 11 19. M		
6.(b) Name of husband or wife Mr. (gle Thomas)	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
7. Birth date of	and that I last say herealive on Moses Ch. 19. 19.47		
deceased (mo., day, yr.) Upril 20, 18 19	Immediate cause of death DURATION		
8. AGE: Years Months Days If less than one day	To eicher Thrombare 2 months		
67hrsmin.			
9. Birthplace Jallot Ca. / Nd. (Town, county, and state)	Due to. Littliagoberario		
10. Usual occupation dansewife	Que to		
11. Industry or business			
12. Name Martin Schells  13. Birthplace Germany	Other conditions, L. Labertes greeklikus		
	(Include pregnancy within 3 months of death)		
14. Maiden name. Mary Q. Spear 15. Birthplace Caroline Co., Md.			
15. Birtholace Caroline Co. Md.	Major findings of operations		
16. Informant Ogle Lames	Autopsy results.		
Address Willman & Maryland.	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
A CLAUM	22. VIOLENCE: tf death was due to external causes, fill in the following;		
(Burial, cremation, or removal, Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory	Where did injury occur?		
Location deliteration and	Injured at home, farm, Industry, public place (where?)		
18. Funeral director / Lumane & Harrison	Means of injury Injured at work?		
Address It mi hall Frid.	20. 1 17 1		
AUDICOS NO POR TORRESTA	23. SIGNATURE M. D. or other		
19. 5 19 4 7 (Date red d hy registrar) Registrar	Addres Caston Many Land Date signed 3 / 1/12		

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2411 N. Charles St., Baltimore 108

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### CERTIFICATE OF DEATH

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Reg.	Dist	No	-	7	-

1. PLACE OF DEATH: Talbot County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town. St. Michaels  (If outside city or town limits, write RURAL and give nearest town)  Now long in above place of death?  Hospital, institution, or street address where death occurred:	Slate Maryland Coucty Talbot City or town St. Michaels, (If outside city or town limits, write RURAL and give nearest town) Street No.		
How long in hospital or institution?	(If rursi, give LOCATION)  2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Mollie H. Thomas	none		
Mollie H. Thomas  4. Sex   5. Color or race   6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION		
Female white widow	20. DATE OF DEATH Much 1 19.47, 21. 2. P.		
6.(b) Name of husband or wife Cornelius Thomas	21. I CERTIFY that death occurred on the date above stated; that f attended deceased from		
	7el-24 1947 10 West 1 194		
7. Birth date of	and that I last saw half allve on France 1, 1947. 19.		
"deceased (mo., day, yr.) Sept. 11, 1871	Immediate cause of death Thronchosed DURATI		
8. AGE: Years Months Days If less than one day	lest lea.		
75 5 18hrsmle	n. 5-de		
9. Birthplace St. Michaels, Talbot Co., Md.  (Town, county, and state)  10. Usual occupation.  Housewife			
	Due to		
11. industry or business   12. Hame Denny W. Williams	Il had recovered		
12. Hame Talbot Co., Md.	Constitions of the services		
	(Include pragnancy within month of death)		
14. Maiden name Annie Holtz Williams  Balto, Md.  Niss Isabel Thomas	Major fiodiogs of operations.		
2 15. Birthplace Balto, Md.	Date of op.		
18 thformant Miss Isabel Thomas	Autopsy results		
Address St. Michaels, Md.	PHYSICIAN: Please underline the cause to which death abould be charged statistically.		
Redicas	22. VIOLENCE: It death was due to external causes, fill in the tollowing:		
Burial Burial Date thereol Mar. 3, 194 (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory. Olivet Cemetery	Where did injury occur?		
Location St. Michaels, Md.	Injured at home, 12rm, Industry, public place (where?)		
18. Funeral director. Newnam & Harrison	110000 01.10(1)		
Address St. Michaels, Md.	23. SIGNATURE of Orthog Willson		
19. Mil 3 19 4 7 John / Hurulula (Dato rec'd by registrar)	ar Address St. Frichaela and Date signed 3/		

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## MARYLAND STATE DEPARTMENT OF HEALTH

# 2411 N. Charles St., Baltimore Way CERTIFICATE OF DEATH

03211

Reg. Diat. No. 990

Sign   County   Cou	LPLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother)
Cit costs of general courses where the companies of the cost of	County	
Street No.   Str	(If outside city or town limits, write RURAL and give nearest town)	
Street No		(If outside city or town limits, write RURAL and give nearest town)
How long in physicial or institution?  3. (a) FULL NAME  3. (b) Social Security Number  3. (c) FULL NAME  3. (b) Social Security Number  MEDICAL CERTIFICATION  8. (c) If aller, give age rearry  10. Birth date of deceased (soc, day, yr.)  11. Birth date of deceased (soc, day, yr.)  12. Birth date of deceased (soc, day, yr.)  13. Birthplace  14. Modelen game, day, and edeta)  15. Birthplace  16. Informant  17. Birthplace  18. Birthplace  19. Birthplace  10. Usual occupation  10. Usual occupation  11. Industry or beciness  11. Birthplace  11. Birthplace  12. Name  13. Birthplace  14. Modelen game, do not the charged statistically.  15. Birthplace  16. Informant  17. Birthplace  18. College, or penalty, and edetally  19. Bate thereof  19. Country or receivable, or penalty  19. Bate of Gap.  Accident, suickle, or honicide.  19. Bate of Gap.  Accid		Street No. 12 20 11.
3. (a) FULL NAME  3. (b) Social Security Number  5. Sex  5. Solor or race  6. (c) Name of husband or wife  8. (c) If alive, give age  9. Sex  1. DET date of deceased flow, day, yx)  1. Detail between the date above stated; that I attended deceased from the date above stated. The date above stated above stated above stated above stated above stated		
4. Sex S. Color or race S. Color of race		2.(a) If veteran, name war
8. (6) Hame of husband or wife  8. (6) It alive, give age  9. (7) Birth date of occurred on the date above stated; that I attended doceased from deceased fr	3. (a) FULL NAME	3. (b) Social Security Number
8. (6) Hame of husband or wife  8. (6) It alive, give age  9. (6) Halve, give age  12. I CERTIFY that death occurred on the date above stated; that I attended doceased from the date above sta	Tobert Legare It	mas
8. (c) Hame of husband or wife  1. Birth date of deceased (me, day, yr.)  8. AGE: Years Months Days If less than one day Immediate cause of death.  9. Birthplace Oown, county, and state)  10. Usual occupation.  11. Industry or business  12. I Same.  13. Birthplace Oown, county, and state)  14. Maiden name Ooyn, county, and state Ooyn, count	4. Sex 5. Color or race 6.(a) Single, married widowed, or divorced	MEDICAL CERTIFICATION
8. (c) Hame of husband or wife  1. Birth date of deceased (me, day, yr.)  8. AGE: Years Months Days If less than one day Immediate cause of death.  9. Birthplace Oown, county, and state)  10. Usual occupation.  11. Industry or business  12. I Same.  13. Birthplace Oown, county, and state)  14. Maiden name Ooyn, county, and state Ooyn, count	M C U	20. DATE OF BEATH MOREL 12 19 47 at 11 A
T. Birth date of deceased (mo, day, yr.)  8. AGE: Years Months Days If tess than one day Immediate cause of death.  9. Birthplace	S (h) Name of husband or wife	
To Birth date of deceased (me., day, yr.)  8. AGE: Years Months Days If test than one day  It test than one day  It test than one day  It industry or business  It is simplace  It is simplace		
deceased (mo, day, yr.)  8. AGE: Years Months Days If less than one day  10. Usual occupation.  11. Industry or business  12. Name.  13. Birthplace  14. Maiden name.  15. Birthplace  16. Informant  Address  17. (Berfal, cremation, or repacad, Which)  Cemetery or cremetery.  18. Funeral director  Address  19. Server of the condition of the condi	7. Birth date of	
9. Birthplace Crown, coouty, and state)  10. Usual occupation  11. Industry or business  12. Name (Include pregnancy within 3 months of death)  13. Birthplace (Include pregnancy within 3 months of death)  14. Maiden name (Include pregnancy within 3 months of death)  15. Birthplace (Include pregnancy within 3 months of death)  Major findings of operations  16. Informant Address  17. Cemetery or cremetury (month) (day) year)  Cemetery or cremetury (month) (day) year)  Location (City or town) (County) (State)  Injured at home, farm, industry, public place (where?)  Means of Injury (City or town) (County) (State)  Injured at work?  23. Signature (Mark) (M. D. or other)		Immediate cause of deathBURATION
9. Birthplace	0. 1.02.	Coff f
Town, county, and state)  10. Usual occupation  11. Industry or business  12. Name  13. Birthplace  14. Maiden name  15. Birthplace  16. Informant  Address  17. Cemetery or cremetury  18. Funeral director  Address  18. Funeral director  Address  20. Usual occupation  Due to  19. Usual occupation  10. Usual occupation  10. Usual occupation  11. Industry or business  (Include pregnancy within 3 months of death)  Major findings of operations  Major findings of operations  Autopsy results  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide  Where did injury occur? (City or town) (County) (State)  Injured at home, farm, industry, public place (where?)	hrs. min.	Meleciens
10. Usual occupation  11. Industry or business    12. Name		Due to
11. Industry or business    12. Name		
Dither conditions  12. Name  13. Sirihplace  14. Maiden name  15. Sirihplace  16. Informant  Address  17. (Burial, cremation, or repayal. Which)  Cemetery or cremetory  10. Location  11. Funeral director  Address  23. Signature  14. Maiden name  Other conditions  (Include pregnancy within 3 months of death)  Major findings of operations.  Date of op.  Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide.  Date of  (City or town)  (County)  (State)  Injured at home, farm, industry, public place (where?)  Means of Injury  19. 3/5  19. 47  M. D. or other		Due to
13. Birthplace  14. Maiden name (Include pregnancy within 3 months of death)  15. Birthplace  16. Informant Address  17. Burlal, cremation, or remard. Which?  Cemetery or cremetury  Location  18. Funeral director  Address  23. Signature  23. Signature  23. Signature  (Include pregnancy within 3 months of death)  Major fiudings of operations  (Include pregnancy within 3 months of death)  Major fiudings of operations  (Include pregnancy within 3 months of death)  Major fiudings of operations  (Include pregnancy within 3 months of death)  Major fiudings of operations  (Include pregnancy within 3 months of death)  Major fiudings of operations  (Include pregnancy within 3 months of death)  Major fiudings of operations  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide.  Date of  Where did injury occur?  (City or town) (County) (State)  Injured at home, farm, industry, public place (where?)  Means of injury  Means of injury  M. D. or other	e:	
(Include pregnancy within 3 months of death)  15. Birthplace  16. Informant  Address  Date thereof  (month) (day) (year)  Location  18. Funeral director  Address  Address  (Include pregnancy within 3 months of death)  Major findings of operations.  Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide.  (Gity or town)  (Gity or town)  (Gounty)  (State)  Injured at home, farm, industry, public place (where?)  Means of Injury  19. Or other	7	Other conditions
14. Maiden name 1. Autopsy results.  15. Birthplace  16. Informant 2. Autopsy results.  17. (Burial, cremation, or reposcal, Which)  Cemetery or crematory.  18. Funeral director.  Address  20. Major findings of operations.  Matopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If dealh was due to external causes, fill in the following:  Accident, suicide, or homicide.  Where did Injury occur?  (City or town) (County) (State)  Injured at home, farm, Industry, public place (where?)  Means of Injury injured at work?  M. D. or other		(Include programmy within 2 months of death)
Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide.  Cemetery or cremetury.  Location  18. Funeral director  Address  23. SIGNATURE.  M. D. or other	E 14. Maiden name Locala Locas	
Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide.  Cemetery or cremetury.  Location  18. Funeral director  Address  23. SIGNATURE.  M. D. or other	2 15. Birthplace tallet ma	
Address  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide	20. 91	
Date thereof. (month) (day) (year)  Cemetery or cremetory. (City or town) (County) (State)  Location (County) (State)  Injured at home, farm, industry, public place (where?)  Address (Means of Injury) (Means of	Q -A \	
Date thereof (month) (day) (year)  Cemetery or cremetery (City or town) (County) (State)  Location liquid at home, farm, industry, public place (where?)  Means of injury tinjured at work?  23. SIGNATURE MAD M. D. or other	72 1 2 2 2	22. VIOLENCE: If death was due to external causes, fill in the following;
Cemetery or cremetery.  Location  Location  18. Funeral director  Address  Control  County  Means of Injury  Injured at work?  23. SIGNATURE.  M. D. or other	(Burial, cremation, or removal, Which)  Date thereof (month) (day) (year)	
Injured at home, farm, industry, public place (where?)  18. Funeral director  Address  Easland,  23. SIGNATURE  M. D. or other		Where did injury occur?
18. Funeral director.  Address  Sastona M.  23. SIGNATURE.  Means of Injury  Injured at work?  24. Department of Injury  Injured at work?  M. D. or other	1 Zatha Dad	
Address Easton M. H. D. or other  18. Funeral director  23. SIGNATURE Daily (1. Welth MD.  M. D. or other	Location	
10 3/15 10 647 M. H.Derother 23. SIGNATURE	18. Funeral director	Injured at work?
10 3/15 10 47 / A. / Let A / 1 / M. D. or other	Address Zastora md,	Loria (/ Wetter Mil)
(Dago rec'd by registrar)  Registrar Address Flastin Net Date signed 3 75 47	. 3/15 nus n 4) Mars	
	(Date rec'd by registrar)	Address Marth Med Date signed 37547



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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1370)

03212

# CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
County Tally Co	State Maryland County Caraline
(If optside city or town limits, write RURAL and give nearest town)	1 4.
How long to above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospitat, institution, or street address where death occurred:	
megnorial Wospital	Street No
How long Inchospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	
arthur John Worley	3.(b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white married	20. DATE OF DEATH. March 1 19 47 at 8 5 M
B.(b) Hame of husband or wife augusta Unless	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	Tel 13 1947 10 march 11947
7. Birth date of deceased (mo., day, yr.) Sept. 13, 1869	and that I last saw h Maglive on 19.4
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death
0. 1.00.	corenary suboles I to
77 5 (6min.	
9. Birthplace (Town, county, and state)	Due to chronic replants
10. Usual occupation. Peteréd formes	Due to Napartrofshied
11. Industry or business	pristate 2
# 12. Name William Ur Yey	Other conditions / Nemorshords.
I 13. Birthplace md	Suprabulic Centrolomy & days
14. Maiden name Mary Cook  15. Birthplace	(Include pregnancy within a months of death)  Major findings of operations of planed prostate
15. Birthplace	Date of op. Zlb 27, 1947
16. Informant Arthur Arce Or	Antopsy results
Address JRRRNS No you Ma.	
17. Durial Date thereof 3 / 5/47	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or records. Which?) (month (day) (year)	Accident, suicide, or homicide
Cemetery or applory & Telensboro	Where did injury occur?
Location & Reenshors Md.	Injured at home, farm, Industry, public place (where?)
1 13/Jan D. 10	Means of Injury Injured at work?
18. Funeral director Action 19. State 19. Stat	1001 - 1 · · ·
Address Televistoro, Mcl.)	23. SIGNATURE LINE Schneide M. D.
19. 3/3 19.47 N. Merrida Registrar	Address castan md Date signed Mar 2, 194-

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131-6



# 03213

# CERTIFICATE OF DEATH

Reg. Dist. No. 7910

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
City or town St. Michaels, Md.	Slate Maryland County Talbot
City or town	est town) S+ Michaela
How long in above place of death? Life	City or town. (If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Tolor II W WAR	
John H. W. WAles  4. Sex   5. Color or race   6.(a) Single, married, widowed, or or	divorced MEDICAL CERTIFICATION
	MEDICAL GERTIFICATION
male white married	20. DATE OF DEATH. March 23, 1947 213;45P
6.(b) Name of husband or wife Mary A. Chapl	.ain 21.1 CERTIFY that death occurred on the date above stated; that I attended deceased from
b.(o) name of nusband of wife	80 march 26 1647 march 23, 47
7. Birth date of	years and that I last saw here allye on Meuch 23 1947
deceased (mo., day, yr.) March 26, 1861	Immediain cause of death Classica DURATION
8. AGE: Years Months Days If less than one day	hybrandilis /year
85 11 28hrs.	min.
9. Birthplace St. Michaels, Talbot 60,	Ma Plubrus Treslinic Brees
9. Birthplace (Town, county, and state)	Due to.
1D. Usual occupation Retired Paper Hange	er Chieron & Charles and
	Due to
11. Industry or business	
John H. Wales  12. Name John H. Wales  13. Birthplace Talbot County, Md.	Other conditions Waleria Jorg
	(Include pregnancy within 3 months of death)
質 14. Maiden name Irene Cockey	
ts. Birthplace Kent County, Md.	Major findings of operations.
	Date of op.
16. Informant Wm. P. Wales	Autopsy results.
Address St. Michaels, Md.	PHYSICIAN: Please underline the cause to which death should he charged statistically.
Buriel March 2	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Burial Date thereof March 2 (month) (de	ay) (year) Accident, suicide, or homicide
Cemetery or crematory Olivet Cemetery	Where did Injury occur?
St. Michaels, Md.	Injured at home, farm, Industry, public place (where?)
LUCATION	Intered at work?
18. Funeral director Newnam & Harrison	means of injury typics at work?
Address St. Michaels Md.	Kobert H. Brule M. D.
	2 23. SIGNATURE M. D. or otiver
19 high 20 th 1847 E.W. Selk	In it was a start of the
(Date rec'd by registrar)	Registrar Address Date signed

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83%)

# CERTIFICATE OF DEATH

Reg. Dist. No. 2900

1 PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants give residence of mother)
City or town(If outside city or town limits, write RURAL and give nearest town)	State County County
How long in above place of death?	Gity or town
Hospital, Institution, or street address where death occurred:	(If outside city on town mails, write RURAL and give nearest town)
309 J. Nauson	Street No.
How long in hospital or institution?	(If rural, give LOCATION)
	2.(a) If veteran, name war
3. (a) FULL NAME Sarah Jane Sarner	3. (b) Social Security Number
4. Sex S. Coto or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Fem. White Widow,	20. DATE DF DEATH March 18 1949 21/15 Q. M
6.(b) Name of husband or wife alfred Thos. Clanner	21. I CERTIFY that death accurred on the date above stated; that I altended deceased from
	Jan. 6 th 1847 to March 1847
1. Birth date of deceased (mo., day, yr.) Secentler 23, 1862	and that I last saw h. L.M. alive on MARCA 19.47
8. AGE: Years   Months   Days   It less than one day	Immediate cause of death
04 2 25	arures solvious 5 grs.
hrsmln.	
9. Birthplace (Town, county, and state)	Due to Correla Thraubous
ID. Usual occupation. Asusewell	
11. Industry or bustness , Och House	Due to
12. Name Samuel To Hot	Diher conditions
	(Include pregnancy within 8 months of death)
14. Malden name Namal (600)	Major fiadings of operations.
12. da 411 /0/6/	
16. Informant	Autopsy results
Address Dasloy, Hill.	
17 Deveal Bate thereof Harch 20, 1947	22. VIOLENCE: It death was due to external causes, till in the tollowing;
(Burial, cremation, of removal. Which?) (month) (day) (year)/	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Localion Ossigna Hole.	Injured at home, farm, industry, public place (where?)
18. Funeral director. A. Blis Plank	Meane of injury Injured at work?
Address Caston, Md.	Holing & Sugurous
310 47 n.A. n.	23. SIGNATURE M. D. or other
19	Address Date signed 3/18/47

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 933

# CERTIFICATE OF DEATH

1. PLACE OF DEATH:  County  City or town  (If outside try or town limits, write RURAL and give nearest town)  How long in above place of Jeath?  Hospital, Institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State  City or town.  (If outside city or town limits, write RURAL and give nearest town)  Street No.  (If rural, give LOCATION)
How long in hospital or institution?	2.(g) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION  2D. DATE OF DEATH  2D. DATE OF DEATH  21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8.(b) Name of husband or wife 170 52 TT Waave Y	21. I CERTIFY that death occurred on the date above states; that I attended deceased from 19
7. Birth date of	and that I last saw h
deceased (mo., day, yr.) March 20, 1879	Immediate cause of death Aulus assay OURATION
8. AGE: Years   Months   Days   If less than one day	infract ?
68 11 12hrsmin.	
9. Birthplace (Town, county, and state)	Due to
10. Usual occupation	Due to
11. Industry or business,	
12. Name William Wilson  13. Birthplace Delaware	Other conditions type teamer cardin on en la
14. Malden name Lydia Sagherise Kride	(Include pregnancy within 3 months of death)  Major findings of perations.
\$ 15. Birthplace Senderson, red	Date of op.
16. Informant Wilson Weaver	Autopsy results
Address tonderson ma.	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?)  Oate thereof (month) (day (year)	Accident, suicide, or homicide
Cemetery or cramatery Afreeusloro	Where did injury occur?
Location & Reamourozo, Ma.	Injured at home, farm, Industry, public place (where?)
18. Funeral director R. B. Rawlings	Means of Injury Injured at work?
Address Streensloro, Mkl.	23. SIGNATURE There has Danie h. D.
19. 3 4 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	M. D. or other



#### MARYLAND STATE DEPARTMENT OF HEALTH

a ge	2411 N. Char	rles St., Baltimore 46-2	
( Mg)	CERTIFICA	TE OF DEATH Reg. Dist. No. 277	,
ormation carefully. The cordeath clearly and legibly.	1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State  City or town  (If outside city or town limits, write RURAL and give nearest town  Street No.  (If rural, give LOCATION)	wn)
on c	How long in hospital or institution?	2.(a) It veteran, name war	l
information of death cle	3. (a) FULL NAME Milaon Mills	3. (b) Social Security Number	r
	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
VDING tem of causes	male a.a. Married	20. DATE OF DEATH MARCH 2 19.47 21	2A.
BIN BIN it it it, it	6.(b) Name of husband or wife addid still be that here were	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	19.4
YVED FOR Supply even lease write	7. Birth date ot deceased (mo., day, yr.) Qua 15 186 5	and that I last saw hat a live on Markets	19.24
D F	8. AGE: Years Mont/s Days If less than one day	Immediais cause of death	URATION
VEI Sur	86 2min.	Colon 1h	leas
MARGIN RESERVED NFADING INK. Supp tt. Physicians: please	8. Birthplace // rafife (mural) ma (Town, county) and atate)	Due to	**************
I R IG	10. Usual occupation. Hame	Due to	
GIN	11. industry or business Same as alwane		
AR FA P	12. Name listed with 13. Birthplage / rofile winding	Dither conditions	
WITH UNI	13. Birthplace // raffee was	(Include pregnancy within 3 months of death)	
(人)年長	14. Maiden name And Agracian	Major fiedings of operations.	
WITH	2 15. Birthplace CeManaun		
. >	16. Informatilles addie Wells	. Actopsy resolts	
NL	Address Trable and RD	PHYSICIAN: Please onderline the caose to which death should he charged statistica	illy.
PLAINLY,	17. (Burial, cremation, of removal, Which?)  Date thereof Man 5. 19#7. (month) (day) (year)	22. VIOLENCE: If death was due to external causes, till in the tollowing:  Accident suicide or homicide	
Z G S	1 X # 17 Mg		
9-45-15 WRITE	Cemetery or crematory States The Comments of t	Where did Injury occur? (City or town) (County) (State)	
9.4 WR	Location Supplied Location of the Control of the Co	Injured at home, tarm, industry, public place (where?)	
	18. Funeral director Hasset As alluant	Means of Injury Injured at work?	
EASE	Address Salishury Med D	23. SIGNATURE Haymand T. South M.D.	).
VS	19. Marel 4 1947 Jores Moore htrae, Registrar	M. D. or other  Address 2 1 MA Date signed 3/3	147



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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

## CERTIFICATE OF DEATH

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	4.		132		
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Reg. Dist. No....

1. PLACE OF DEATH! Jack	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Mary land County Valbot
City or town	City or town Saston
How long in above pace of death?	(If outside city be town limits, write RURAL and give nearest town)
202 South St.	Street No. (If rural, give LOCATION)
How long in despital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
William Smith &	Gilson Dr.
4. Sex 5 Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Divosed	2D. DATE OF DEATH Afarch 21 19.47, 21 M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; -4hat 1 attended deceased from
7. Birth date of deceased (mo., day, yr.) March 13, 1876	and that I last saw halive on
8. AGE: Years Months Days It less than one day	Immediate cause of death DURATION
7/ 0 8 (.)hrsmin.	Convery Occusion Some
9. Birtholace Carolino Co. Held.	Due to
(Toyn) county, and state)	
1D. Usual occupation	Due to
11. Industry or business	
12. Name. Colfred lung & Silam  13. Birthplace & Selaware	Other conditions
	(Include pregnancy within 3 months of death)
14. Malden name Chagia Stmith  15. Birthpfacy / Mary land	Major findings of operations.
El 15. Birthplacy	Date of op.
16. informant Billians S. Gillson	Autopsy results
Address 109 Da Joy Dane - Johnson Hd.	22. VIOLENCE: It death was due to external causes, till in the tollowing:
17. (Burial, cremation, or emoval, Which?)  Date thereof 1 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory of fring offiel	Where did injury occur?
Location Colotoky U.d.	Injured at home, farm, Industry, public place (where?)
of the total	Meens of Injury Injured at work?
18. Funeral director	1. Adout no Dalla 18
Address Testox, and	23. SIGNATURE MD, or other
19, 3/2 (Date fee'd by registrar) 19.4.7 Registrar	Address Fundam MA Date signed 3 7.4 47

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